

# FOREIGN SALVAGE VEHICLE DEALER LICENSE APPLICATION

(PLEASE READ CAREFULLY BEFORE COMPLETING)

## DEPARTMENT USE ONLY

License Number \_\_\_\_\_

Date Issued \_\_\_\_\_ By \_\_\_\_\_

Home State \_\_\_\_\_

### LICENSE CLASSIFICATION

The license you are applying for is a Michigan Foreign Salvage Vehicle Dealer License (Class H). This license only permits the wholesale purchase or sale of salvage vehicles (late model distressed vehicles) or late model major component parts in Michigan. Vehicles or parts purchased in Michigan are expected to be taken to your home state/jurisdiction. Parts or vehicles brought into Michigan for sale may only be wholesaled. Other activities may require a separate Michigan vehicle dealer license.

### LICENSE EXPIRATION

If your application is approved and a license is granted, it will expire on December 31. All Michigan dealer licenses expire on that date. If you intend to renew this license for the next calendar year, you must submit a completed foreign salvage vehicle dealer license renewal application (AR-0177)

### BUSINESS ENTITY AND BUSINESS LOCATION This information concerns the business as it is licensed in your home state or jurisdiction

1. Business Name (Corporate name and/or any assumed names)

2. Business Street Address (Actual location must be identified and must correspond to your home state license)  
(Street) (City) (State/Province) (Zip) (Township) (County)

3. Business Telephone Number

4. Federal Employer Identification Number (or Social Security Number, if applicable)

5. Business Type

☐ INDIVIDUAL OWNER

☐ PARTNERSHIP

INDIVIDUAL OWNERS AND PARTNERSHIPS: Enclose a copy of the partnership agreement or assumed name filing, if applicable.

☐ CORPORATION

☐ LIMITED LIABILITY COMPANY

CORPORATIONS: Enclose a copy of your articles of incorporation and corporate assumed name filing, if applicable.

### ESTABLISHED PLACE OF BUSINESS

FAX ( )

EMAIL:

6. BUSINESS LOCATION

A. How long have you occupied the location described in Item 2?

B. Do you: ☐ RENT

☐ LEASE

☐ OWN this property?

C. If you rent or lease this property, give the name and address of the person from whom you rent or lease:

D. If you do not own this property, how long are you authorized to occupy this location?

E. If you are buying this property, give the name and address of the seller:

F. Is the location shared with any other business?

☐ NO ☐ YES

If YES, give the business name and the nature of that business:

G. Please enclose a copy of your rental or lease agreement contract, or right of occupancy.

H. What are your established business days and hours?

### DEALER LICENSE HISTORY Pertains to the business named in Item 1. Attach a copy of your home state/jurisdiction vehicle dealer license

7. Licensing State/Jurisdiction

8. Dealer License Number

9. Give the name, address, and telephone number of the dealer licensing agency in your home state/jurisdiction:  
(Agency Name)

(Street Address)

(City)

(State/Province)

(Zip)

10. How long has this license been in effect?	11. When does the license expire?
12. What is the term of the license?	
<input type="checkbox"/> 12 months <input type="checkbox"/> 24 months <input type="checkbox"/> Other     If Other, explain:	
13. Does your dealership hold the appropriate license in your home state/jurisdiction to buy, sell, or otherwise deal in distressed late model vehicles or salvageable parts?	
<input type="checkbox"/> NO <input type="checkbox"/> YES	

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**WORKERS' COMPENSATION INSURANCE**


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14. Is this business covered by workers' compensation insurance in the home state/jurisdiction under either Standard Industrial Classification (SIC) code number 4015 (Motor Vehicle Parts-Used) or National Council on Compensation Insurance (NCCI) code number 3821 (Automobile Dismantling)?

☐ NO     ☐ YES

If YES, give the insurance company name, policy number, and expiration date:

\_\_\_\_\_  
 If NO, indicate whether or not the business is exempt from workers' compensation coverage as a used motor vehicle parts or automobile dismantling facility, or why there is no such coverage:  
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**INDIVIDUAL APPLICANT HISTORY**


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**15. BUSINESS OWNERS, PARTNERS, CORPORATE OFFICERS, DIRECTORS AND STOCKHOLDERS:**

List information for all owners, partners, corporate officers, and directors. If your business is a corporation, stockholders holding 25% or more of the stock issued are considered owners. All persons required to be listed are considered applicants and must answer all questions, complete fingerprint cards, and furnish information as required in connection with this application. The complete name, date of birth, social security number, home address, area code, and home telephone number are required for each applicant.

<b>A. Name</b>	(First)	(Middle)	(Last)	Date of Birth	Social Security Number
_____					
Home Address		(Street)	(City)	(Zip )	Home Telephone Number
_____					
<b>B. Name</b>	(First)	(Middle)	(Last)	Date of Birth	Social Security Number
_____					
Home Address		(Street)	(City)	(Zip )	Home Telephone Number
_____					
<b>C. Name</b>	(First)	(Middle)	(Last)	Date of Birth	Social Security Number
_____					
Home Address		(Street)	(City)	(Zip )	Home Telephone Number
_____					
<b>D. Name</b>	(First)	(Middle)	(Last)	Date of Birth	Social Security Number
_____					
Home Address		(Street)	(City)	(Zip )	Home Telephone Number
_____					
<b>E. Name</b>	(First)	(Middle)	(Last)	Date of Birth	Social Security Number
_____					
Home Address		(Street)	(City)	(Zip )	Home Telephone Number
_____					

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**ATTACH ADDITIONAL SHEETS, IF NECESSARY**

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**NOTE: BEFORE ANSWERING THE QUESTIONS ON THIS PAGE, YOU MUST COMPLETE ONE COPY OF THIS PAGE FOR EACH APPLICANT LISTED IN ITEM 16 (YOU MAY REQUEST ADDITIONAL COPIES OR YOU MAY PHOTOCOPY THIS PAGE)**

16. Applicant Name	17. Social Security Number
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18. A. What is your present position with this business?

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B. How long have you been associated with the business?	C. In what capacity?
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19. List any other business licenses you have held during the past five (5) years, including dealer, salesperson, agent, etc.

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20. Are you related by birth or marriage to a currently or previously licensed dealer in Michigan or in any other state or jurisdiction?

☐ NO    ☐ YES                      If YES, complete the following:

A. Person Related To:	Relationship:
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B. Dealership Name and Address:

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C. Dealership License Number and State or Jurisdiction:

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21. In addition to the license in Item 8, have you been licensed under any other license to buy and sell vehicles or parts IN ANY STATE, within the past five (5) years?

☐ NO    ☐ YES                      If YES, complete the following:

(Licensing State/Jurisdiction)	(Which Years?)
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(Dealership Name)	(Dealer License Number)	(Area Code/Telephone Number)
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(Street Address)	(City)	(State)	(Zip)
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License Status:                      ☐ Current                      ☐ Expired                      ☐ Cancelled

22. Have you been employed by or acted as an agent for a dealer IN ANY STATE within the past five (5) years?

☐ NO    ☐ YES

If YES, give dealership name, address, telephone number, dates of employment or association, capacity, and name of supervisor

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23. Give name, address and telephone number of other employers within the past five (5) years. Indicate positions held, duties performed, and dates of employment. If self-employed, indicate "S/E" and provide business name, address, and type of business.

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24. Have you ever been named on any application for a vehicle dealer license of any kind IN ANY STATE which was revoked, suspended, denied, refused, or withdrawn?

☐ NO    ☐ YES

If YES, give details, including dates. Attach additional sheets, if necessary

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<b>CRIMINAL HISTORY</b>	All information for all applicants must be provided at the time of the initial application. Completed fingerprint cards for all applicants must accompany this application. See Page 4 for additional information.
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25. Have you been arrested OR convicted of any crime within the past ten (10) years?

☐ NO    ☐ YES

If YES give complete details of all arrests or convictions, including dates, arresting agency, etc., and disposition

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WARNING: FAILURE TO DISCLOSE ALL INFORMATION OR PROVIDING FALSE OR INCOMPLETE INFORMATION COULD RESULT IN THE DELAY AND/OR DENIAL OF A MICHIGAN LICENSE

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**LICENSE FEES** (Class H – Foreign Salvage Vehicle Dealer)

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26. Full Year Fee ..... \$160.00 ☐

If the license for which you are applying will be in effect BEFORE June 30, you must submit the \$160.00 license fee.

Half Year Fee ..... \$80.00 ☐

MAKE CHECK OR MONEY ORDER PAYABLE TO THE "STATE OF MICHIGAN"

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**FINGERPRINTS (Please read carefully)**

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27. Each applicant is required to provide either a completed fingerprint card or a Live Scan receipt at the time the initial application is submitted.

For each applicant that resides outside the state of Michigan you must submit a completed fingerprint card, which can be provided by a local law enforcement agency. There are two (2) options for processing fingerprints for out-of-state applicants:

1. Send a fingerprint card for each applicant along with the items requested in the L-1 Identity Solutions, Non Resident Live Scan Processing Procedures that are included with this application. Items to be included are a copy of the completed Live Scan Request Form, the Live Scan fee (which includes the MSP and FBI fees), a daytime telephone number, or an e-mail address.

Mail the completed fingerprint card and required Live Scan fingerprinting forms to:

LiveScan Processing Unit  
1650 Wabash, Suite D  
Springfield, IL 62704  
Phone: 217-793-2080  
Fax: 217-793-0141  
[www.L1id.com](http://www.L1id.com)

OR

2. Send a fingerprint card for each applicant with the completed Foreign Salvage Vehicle Dealer License Application to the Business License Section at the address on page 5. A fee of \$49.25 must be included for each applicant listed on the application.
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**CERTIFICATION AND SIGNATURES**

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28. CAREFULLY READ BEFORE SIGNING. ALL APPLICANTS LISTED IN ITEM 16 MUST SIGN.

I/We certify that the statements contained in this application are true and that I/we, as owner, partner, or officer, director, or stockholder of the corporation, have authority to sign this application and to make the statements contained herein. I/We understand that any misleading, incomplete, or false statement shall be grounds for denial of this application or the suspension or revocation of this license.

I/We stipulate and agree that any legal process affecting this business served on the Secretary of State or his/her deputies shall have the same effect as if personally served on me/us and all other owners of this business, if any. I/We further agree that this appointment shall remain in force as long as any liability of this business remains outstanding within the State of Michigan.

I/We stipulate and agree that I/we now have and will maintain an established place of business in my/our home state or jurisdiction.

I/We further stipulate and agree that I/we will maintain records, including a police book and vehicle parts purchase and sales record, as required, and that I/we will make these records available for inspection at a location in Michigan within 40 hours' notice.

I/We further certify that I/we will immediately notify the Bureau of Regulatory Services on any change in business location, home address, business identity, or licensing status in the home state or jurisdiction.

I/We further certify that I/we will maintain the vehicle dealer license in my/our home state or jurisdiction or that I/we will immediately notify the Bureau of Regulatory Services of any termination of that license for any reason and will immediately surrender the Michigan Foreign Salvage Vehicle Dealer License granted. I/We understand that failure to do so shall be grounds for revocation of this license.

Printed Name	Signature	Title	Date
Printed Name	Signature	Title	Date
Printed Name	Signature	Title	Date
Printed Name	Signature	Title	Date
Printed Name	Signature	Title	Date

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**CHECKLIST**

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- A. Check to see that you have completed this form entirely. You may photocopy Page 3 or request additional copies as needed for each applicant.
- B. Be sure to include the following additional items:
  - 1. A photocopy or certified copy of your home state vehicle dealer license. (See Dealer License History on Page 2)
  - 2. A certificate of insurance for workers' compensation insurance or any additional statements necessary to explain your exemption from workers' compensation in your state. (See Workers' Compensation Insurance on Page 2)
  - 3. Additional sheets, as necessary to reflect the business history and association, dealer license application history, and criminal history of each applicant as needed.
  - 4. A copy of the rent, lease, purchase agreement, deed, or other evidence of ownership or right of occupancy for the business location. (See Established Place of Business on Page 1)
  - 5. Complete the fingerprint process (See Item 27) for each applicant listed in Item 15.
  - 6. A copy of the articles of incorporation, if the business is a corporation; or a copy of the partnership filing or agreement, or assumed name filing, if applicable. (See Item 5)
  - 7. Make your check or money order payable to the STATE OF MICHIGAN.
  - 8. Submit the completed Addendum to the Foreign Salvage Vehicle Dealer application.
- C. Mail application materials and fee to:  
Michigan Department of State  
Business Licensing and Regulation Division  
Business Licensing Section  
Lansing, MI 48918

# LIVESCAN FINGERPRINT REQUEST

## Instructions for Applicant:

1. Complete APPLICANT INFORMATION below.
2. Schedule an appointment to be fingerprinted:
  - a. Visit [www.michigan.gov/msp](http://www.michigan.gov/msp)
  - b. Click on the "Criminal History Records" tab on the right.
  - c. Click on "For employment/licensing" and follow the instructions
3. Attend appointment and pay fee.
4. Bring picture ID and this completed form to the appointment.

Date fingerprinted: \_\_\_\_\_ Type of picture ID presented: \_\_\_\_\_

## APPLICANT INFORMATION

Must provide a picture ID to be printed

Applicant Name \_\_\_\_\_  
Last, first, middle

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Applicant address \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_

Applicant phone number \_\_\_\_\_

## REQUESTING AGENCY INFORMATION

Agency ID: 1340A Agency Name: Bureau of Regulatory Services  
(RQID)

Reason fingerprinted:

**AR—Department of State, Bureau of Regulatory Services**

**\*\*Disclaimer:** Any and all fingerprints processed with incorrect fingerprint codes/reasons, etc, are the applicant's responsibility. Michigan State Police will charge for second requests due to incorrect fingerprint reason.

Rev. 6/2010

## Non Resident Live Scan Processing Procedures

Applicants who reside in an area where no **L-1 Enrollment Services (L-1)** Live Scan machines are available may use **L-1's** Live Scan Processing Program. This program utilizes advanced scanning technology to convert a traditional fingerprint card (hard card) into an electronic fingerprint record. Converting a "hard card" into an electronic record enables an applicant to have their fingerprint record processed as quickly as if they had traveled to a LiveScan machine. The section below details the procedures for submitting fingerprints to the LiveScan Processing Unit.

### Michigan Licensing

- Applicants should obtain a set of fingerprints from a local law enforcement agency or other entity that provides fingerprinting services. These fingerprints may be either traditional ink rolled fingerprints or LiveScan fingerprints. Please make sure the law enforcement entity rolling your fingerprints places your four finger slap prints vertically straight up and down and not at an angle. Michigan State Police will reject any fingerprint card that has the four finger slap prints at an angle.
- Fingerprints may be submitted on FBI applicant cards or fingerprint cards from any other state or local government agency (we prefer standard FBI applicant cards).
- Applicants need to make sure the fingerprint card is completely filled out. Required information includes: Full name, date of birth, home address, sex, height, weight, hair color, eye color, place of birth (state or country only), citizenship, reason fingerprinted and ORI (Agency ID number or MSP Requester ID number).
- Applicants will need to mail a copy of the appropriate Michigan form (Live Scan Fingerprint Request Form, Long Term Care Workforce Background Check Form or Licensing Record Clearance Request Form) with the fingerprint card.
- **Failure to completely fill out the information on the fingerprint card or failure to provide the appropriate Michigan Form (Live Scan Fingerprint Request Form, Long Term Care Workforce Background Check Form or Licensing Record Clearance Request Form) will result in the card being returned to the applicant, which will delay the licensing process.**
- The fully completed card, along with the, Live Scan Fingerprint Request Form, Long Term Care Workforce Background Check Form or Licensing Record Clearance Request Form and appropriate fee (indicated in the application packet) should then be mailed to the following address: ***L-1 Enrollment Services/Live Scan Processing Unit, 1650 Wabash Suite D, Springfield, IL 62704.*** Please include a daytime telephone number or email address where the applicant can be reached if we have a question about the fingerprint card.
- Please include the full name of the applicant on each check or money order.
- Applicants wishing to verify that a fingerprint card has been processed may call 866-226-2952 and speak with a customer service representative.

## **Addendum to FOREIGN SALVAGE VEHICLE DEALER APPLICATION**

P.A. 300 of 1993 requires that all dealer license applications and salvage vehicle agent license applications contain certain information certifying that all persons named on an application are in fact the true owners of the business and that they are not serving as the "alter ego" for unnamed or undisclosed persons. It is necessary for all applicants to provide the additional information on this addendum.

This addendum will be attached to, incorporated into, and considered part of, your application. By signing this document, you are certifying that the information provided is true and accurate and that you have the authority to sign on behalf of the business making the application. All certified statements and information previously certified to on any other application forms attached or now pending with this office are incorporated by reference.

PLEASE COMPLETE ALL ITEMS ON THIS STATEMENT AND RETURN IT WITH YOUR FOREIGN SALVAGE VEHICLE DEALER LICENSE APPLICATION, OR, IF YOUR APPLICATION IS CURRENTLY PENDING IN THIS OFFICE, INDICATE THE DATE THE APPLICATION WAS SENT TO US.

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**PLEASE COMPLETE THE BACK OF THIS PAGE**



SEE OTHER SIDE FOR INSTRUCTIONS BEFORE COMPLETING

1. Business Name: \_\_\_\_\_

2. Business Location: \_\_\_\_\_  
\_\_\_\_\_

3. Please check one of the following:

☐ The application to which this addendum will be attached is enclosed.

☐ The application was previously submitted on \_\_\_\_\_ (date).

4. CERTIFICATION

I, \_\_\_\_\_, as owner, partner, corporate officer or director, certify that neither the applicant nor any other person named on the application is acting as the alter ego or in place of or on behalf of any other person or persons in seeking this license, and I understand that any false statement of a material fact in connection with this application shall be grounds for denial, suspension, or revocation of any license issued.

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

Note: The person signing for the business must be named on the Foreign Salvage Vehicle Dealer License application to which this addendum will be attached.